

POLICY BRIEF

Substance Use and Abuse in Idaho: Are Our Teens Falling Through the Cracks?



Idaho KIDS COUNT



■ *Alcohol is the most abused drug among Idaho teens with most students trying it for the first time in middle school.*

■ *Nearly 25 percent of Idaho teens use tobacco products and according to the latest Youth Risk Behavior Survey, current marijuana use (17.1%) is higher than current cigarette use (15.8%).*

■ *Rates for methamphetamines are nearly half those of surrounding states with the exception of Utah.*

■ *Teens involved in the Idaho Department of Corrections report that 71 percent are assessed as having drug and/or alcohol problems.*

Alcohol abuse is the leading public health issue for teenagers in this country (National Institute on Alcohol Abuse and Alcoholism, NIAAA, 2006), and alcohol kills four times more kids than all illegal drugs combined (CADCA Coalitions Online, 2006; NIAAA, 2003). Each day 7,000 kids in the United States under the age of 16 take their first alcoholic drink. Although many individuals may not think this is cause for concern, nearly 5,000 people under age 21 die from alcohol-related injuries involving underage drinking each year. In addition, individuals who drink before the age of 15 are five times more likely to report alcohol dependence or alcohol abuse as adults than are persons who first drank at age 21 or older.

Specifically, 16 percent of those who began drinking alcohol before the age of 12 reported alcohol abuse or dependence as adults, as did 15.5 percent of those who began between ages 12 and 14. In contrast, only 2.6 percent of persons who reported they began drinking at 21 or older were dependent on or abused alcohol (Leadership to Keep Children Alcohol Free, 2006; NIAAA, 2003; 2006).

Although alcohol is most often the first illegal substance used by adolescents, it is also considered a 'gateway' drug that can lead to use of other drugs. A recent study by the National Institute on Drug Abuse (2006) found use of prescription drugs, such as OxyContin and Vicodin, is continuing to rise and that Vicodin is currently one of the most commonly abused drugs by high school seniors. There has also been a 25 percent increase in abuse of sedatives/barbiturates among high school seniors in the past year. Eighth graders are using inhalants on an increasing basis. Despite efforts to increase education, youth are not getting the message about the dangers associated with the use of illegal drugs. The percentage of eighth graders who saw great risk in smoking marijuana regularly decreased significantly from 2004 to 2005; as did the percentage who saw great risk in using Ecstasy.

Although the 2002 Idaho Substance Use and School Climate survey found that Idaho students report substantially lower lifetime prevalence rates for alcohol than the national average (meaning fewer teens in Idaho had *ever* used alcohol), it also found that most Idaho students try alcohol for the first time in middle school (Idaho Dept. of Education).

In addition, the CDC reported an increase in the past two years of the percentage of Idaho youth who binge drink (Center for Disease Control). And a recent study found that the number of students in sixth grade who are using alcohol has increased in Idaho in recent years (Giacomazzi & Mueller, 2006).

ALCOHOL USE AND ABUSE

According to the Annual Report of the Idaho State Liquor Dispensary for the fiscal year ending June 30, 2005, sales of alcohol have increased \$9.2 million – up 10.7 percent. This may be in part due to alcohol use by underage drinkers. Alcohol is the largest abused drug in Idaho among teenagers, with over half of teens experimenting with alcohol. As displayed below, compared to surrounding states Idaho teens abuse alcohol at lower rates than all of our surrounding states except for Utah. However, well over half of Idaho teens have used alcohol, with nearly 40 percent currently using.

State	Lifetime/Any Alcohol Use	Current alcohol use	Episodic heavy drinking	Rode with driver who had been drinking	Drove when drinking alcohol	Alcohol before age 13
Idaho	65.7%	39.8%	28.3%	33.0%	7.9%	25.5%
Montana	77.8%	48.6%	34.4%	34.4%	18.5%	27.8%
Nevada	74.1%	41.4%	24.8%	26.4%	10.4%	31.1%
Utah	32.9%	15.8%	8.8%	13.4%	4.1%	13.2%
Wyoming	77.2%	45.4%	32.0%	29.7%	15.3%	27.0%

**Data taken from 2005 YRBS results. Results not available for all states.*

TOBACCO USE AND ABUSE

Tobacco lifetime use rates in Idaho are lower than those of alcohol lifetime use rates; thus, fewer teens in Idaho have used tobacco than alcohol; however, lifetime cigarette use rates near 50 percent, with current tobacco use nearly 25 percent of Idaho teens. Still, current tobacco use rates in Idaho are lower than those of most surrounding states, with the exception of Utah.

State	Lifetime/Any Cigarette Use	Current Cigarette Use	Current Frequent Cigarette Use	Cigarette Before Age 13	Current Smokeless Tobacco	Current Tobacco Use
Idaho	45.4%	15.8%	6.0%	15.5%	9.1%	21.4%
Montana	55.4%	20.1%	8.8%	17.6%	14.8%	31.4%
Nevada	52.0%	18.3%	7.1%	16.1%	5.9%	—
Utah	25.0%	7.4%	2.1%	7.5%	3.7%	9.0%
Wyoming	56.9%	22.5%	10.1%	18.2%	14.3%	—

**Data taken from 2005 YRBS results. Results not available for all states.*

MARIJUANA AND COCAINE USE AND ABUSE

Similar to tobacco and alcohol use, Idaho teens usage of marijuana and cocaine is lower than that of surrounding states, with the exception of Utah. It should be noted, however, that current marijuana use is greater than current cigarette use.

State	Lifetime/ Any Marijuana Use	Current Marijuana Use	Marijuana Before Age 13	Lifetime/Any Cocaine Use	Current Cocaine Use
Idaho	34.4%	17.1%	8.8%	6.0%	2.4%
Montana	41.7%	22.3%	11.2%	9.5%	4.0%
Nevada	39.3%	17.3%	12.3%	11.1%	5.4%
Utah	15.5%	7.6%	4.2%	4.1%	2.3%
Wyoming	38.0%	17.8%	10.4%	10.2%	3.9%

**Data taken from 2005 YRBS results. Results not available for all states.*

METHAMPHETAMINE AND OTHER ILLEGAL DRUG USE AND ABUSE

With the exception of Utah, Idaho drug use rates for methamphetamine and other illegal drugs are nearly half those of surrounding states, with lifetime inhalant use (e.g., sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high) being the highest of ‘other drugs’ category.

State	Lifetime/Any Illegal Use	Lifetime/Any Inhalant	Lifetime/Any Steroid Use	Lifetime/Any Heroin Use	Lifetime/Any Meth Use	Lifetime/Any Ecstasy Use
Idaho	1.8%	13.8%	2.9%	2.2%	5.3%	4.8%
Montana	3.6%	15.4%	4.4%	3.6%	8.3%	6.3%
Nevada	3.9%	15.3%	5.5%	—	11.7%	—
Utah	2.3%	11.8%	2.6%	2.3%	3.6%	3.3%
Wyoming	3.1%	17.1%	4.8%	3.7%	8.5%	7.4%

** Data taken from 2005 YRBS results. Results not available for all states.*

AT RISK TEENAGERS

Of teens involved in the Idaho Department of Juvenile Corrections (2006), 71 percent are assessed as having a drug and/or alcohol problem. In addition, probation departments state that one-third of juveniles report substance abuse. Finally, 52.3 percent of IDJC juveniles have exhibited the need for substance abuse treatment and/or education, which cost Idaho taxpayers \$189.68 per day in 2005. Compared to surrounding states, Idaho falls somewhere in the middle of alcohol and drug abuse dependence, but on the low end of teens needing--but not receiving--treatment for alcohol or drug abuse.

State	Illicit Drug Dependence or Abuse	Alcohol Dependence or Abuse	Needing but not Receiving Treatment for Illicit Drug Use	Needing but not Receiving Treatment for Alcohol Use
Idaho	0.7%	0.9%	0.6%	0.9%
Montana	0.5%	0.8%	0.5%	0.7%
Nevada	1.0%	1.3%	0.9%	1.3%
Oregon	1.6%	1.9%	1.5%	1.9%
Utah	1.1%	1.1%	1.0%	1.1%
Washington	2.6%	3.4%	2.4%	3.3%
Wyoming	0.2%	0.3%	0.2%	0.3%

**Data taken from 2004 SAMHSA results for ages 12-17.*

WHY IS TEENAGE SUBSTANCE ABUSE IMPORTANT?

A recent study conducted by the Pacific Institute for Research and Evaluation (PIRE) shows that underage drinking (thus the costs of other illegal drugs is not included in this estimate) costs the nation nearly \$62 billion a year (CADCA Coalitions Online, 2006). Nationwide, underage drinking leads to almost 3,200 deaths and 2.6 million other harmful events, from serious injury to high-risk sex among youth each year. When all is said and done, alcohol-related problems cost an average of \$4,680 per underage drinker each year. Obviously, these costs vary by state. Idaho ranks 48th highest among the 50 states for the cost per youth of underage drinking. While that may seem like good news, underage drinking cost Idaho \$248 million in 2001.

Comparison of Costs of Underage Drinking by State		
State	Costs (2001 data)	Costs per Youth (2001 data)
Idaho	\$248 million	\$1,643
Montana	\$249 million	\$2,571
Nevada	\$522 million	\$2,973
Oregon	\$697 million	\$2,074
Utah	\$326 million	\$1,099
Washington	\$1.4 billion	\$2,432
Wyoming	\$132 million	\$2,327

**Note: Data is table from CADCA Coalitions Online (2006)*

As stated previously, individuals who drink before the age of 15 are more than 5 times more likely to report alcohol dependence or alcohol abuse as adults than are persons who first drank at age 21 or older. In addition to increasing the risk of alcohol dependence in adulthood, the effects of alcohol on the underdeveloped brain can cause significant and possibly irreversible brain damage and other negative physical consequences among individuals under the age of 21. Studies reveal that alcohol consumption by adolescents results in brain damage-possibly permanent- and impairs intellectual development (NIAAA, 2003; 2006). Adolescent drinkers score worse than non-drinkers on vocabulary, general information, memory recall and visual-spatial functioning (NIAAA, 2003). As a result, adolescents who drink are more likely to fall behind, have higher possibility of school drop-out, and have an increased risk of social problems, depression, suicide thoughts and violence (NIAAA, 2006). Even over the shorter time frame of adolescence, drinking alcohol can harm the liver, bones, endocrine system, brain, and interfere with growth. Thus, alterations in brain development that may have consequences reaching far beyond adolescence.

In addition to contributing to alcohol dependence and retarding brain and physical development in youth, underage drinking contributes to many community problems nationwide. Underage drinking is a factor in nearly half of all teen automobile accidents, which are the leading cause of death among teenagers. Alcohol use contributes to youth suicides, academic problems, social problems, physical problems such as hangovers or medical illnesses, memory problems, homicides, accidents, property crime, alcohol poisoning, and fatal injuries-the leading cause of death among youth after auto crashes. In fact, underage drinking costs the citizens of the United States \$61.9 billion in 2001 (Levy, Miller, & Cox, 2003). Alcohol abuse is linked with as many as two-thirds of all sexual assaults and date rapes of teens and college students. Alcohol is a major factor in unprotected sex among youth, increasing their risk for HIV or other sexually transmitted infections, as well as giving birth to a baby with fetal alcohol syndrome (American Medical Association, 2003). In 2000, nearly 75,000 youth were admitted for alcohol treatment in the United States, accounting for 9 percent of all alcohol abuse admissions (SAMHSA, 2006).

PROTECTIVE AND RISK FACTORS

Although almost all U.S. youth grow up in a culture permeated by alcohol, they are not uniformly at risk for alcohol consumption or its consequences. Much research has addressed the risk and protective factors associated with youth drinking. Documented risk factors include but are not limited to gender, race/ethnicity, age, family history and genetic vulnerability, co-occurring conditions, family characteristics, stress, and personality (NIAAA, 2003; 2006). In addition, several protective factors can help prevent underage drinking, including supportive parents and restricting alcohol availability by managing price and advertising of alcohol.

POLICY APPROACHES THAT WORK TO REDUCE TEENAGE SUBSTANCE USE AND ABUSE

The most effective way to reach our youth is to reach them early through education and involvement. Delaying the onset of alcohol use is critical in keeping our children healthy and safe. Fortunately, prevention and treatment do work. However, underage drinking cannot be successfully addressed by focusing on youth alone. Efforts to reduce and prevent underage drinking need to focus on parents and other adults and include strategies that engage the society at large (American Medical Association, 2003). Research conducted in Idaho and surrounding states has revealed five successful approaches to reducing teenage substance use and abuse. These approaches are listed below followed by examples of how they can work for Idaho.

1) Policies that encourage early and comprehensive education for parents and children – Research shows that adolescents whose parents provide alcohol are more likely to be heavier drinkers (NIAAA, 2006). In addition, studies suggest that parental monitoring, support groups, and communication can reduce alcohol consumption among youth (NIAAA, 2006). Parents must realize the impact they have on their youth's alcohol and drug use. Recent focus groups with Idaho teens found that teens model their parents' behavior. Teens believe that it is harder to buy into anti-drinking messages from their parents when their parents drink heavily themselves. The same goes for teens seeing other adults, such as teachers and coaches drinking (Pritchard, Anderson, Gates, McDonald, Rambo-Robison, & Kempthorne, 2006). Programs offered by Health and Welfare throughout the state are beginning to address these issues. In Idaho in District 1, Benewah Medical Center offers the *Strengthening Families Program*, which targets early & persistent antisocial behavior, family history of substance abuse, family management problems, favorable parental attitudes and involvement, and bonding (Benchmark Research & Safety, 2006).

2) Policies designed to control marketing and the image of using substances – 12- to 17-year-olds hear more alcohol ads on the radio than do adults because such ads were frequently placed on stations with youth formats and were aired when youth were most likely to be listening (CAMY, 2006). A study of Internet use by youth found that alcohol-related Web sites contained features appealing to youth, such as video games and cartoons, but had few effective mechanisms to keep underage youth from accessing the Web sites (CAMY, 2006). Finally, a study of children aged nine to eleven found that children were more familiar with Budweiser's television frogs than Kellogg's Tony the Tiger, the Mighty Morphin' Power Rangers, or Smokey the Bear (American Medical Association, 2003). In California, if passed, SB 1180 would prohibit advertising or marketing alcohol in a manner that targets minors (Branscomb, 2006). A recent study found that Idaho adults strongly support laws that ban the use of cartoons and other youth-oriented material in the advertising of alcohol, as well as legislation that would ban all alcohol advertisement on community billboards. Furthermore, they strongly reported that restricting advertisement of alcoholic beverages would make these beverages less appealing to underage Idahoans (McDonald, Pritchard, & Reischl, 2005).

3) Tax policies – Young people's alcohol consumption drops significantly in response to tax and price increases (NIAAA, 2003; 2006). In California, the Youth Alcohol Problem Prevention Fund currently being considered by the legislature would change the classification of alcopops drinks from "beer" to "distilled spirits." This would increase taxes on beer by \$3.10 a gallon! The extra taxes would help pay for programs to reduce consumption of alcohol by minors, including a statewide media campaign to educate the public on the risks of underage drinking (Leadership to Keep Children Alcohol Free, 2006). A recent study produced by the Center for the Study of Social Policy (2006) recently recommended that Idaho raise the cigarette and alcohol tax to fund substance abuse treatment and prevention programs and policies. Idaho's current cigarette tax of 57 cents per pack is below the research benchmark of one dollar or more. Idaho is ranked 34th nationally and is one of the lowest two in the Mountain/West region. The state's tax on beer is 15 cents per gallon, which is half of the benchmark of 30 cents; the wine tax is 45 cents per gallon, which is also less than the benchmark of 75 cents.

4) *Enacting and enforcing laws that control access to substances* – Research has shown that successful policy changes in the supply of alcohol making drinking less acceptable in local culture helps to reduce teenage substance use (Wagner, 2000). The *Communities Mobilizing for Change on Alcohol* intervention, designed to reduce the accessibility of alcoholic beverages to people under age 21, centered on policy changes among local institutions to make underage drinking less acceptable within the community. In a pilot test of the program in Minnesota, alcohol sales to minors were reduced: 18- to 20-year-olds were less likely to try to purchase alcohol or provide it to younger teens, and the number of DUI arrests declined among 18- to 20-year-olds (SAMHSA, 2006).

5) *Policies that provide for substance abuse treatment* – In 2000, nearly 75,000 youth were admitted for alcohol treatment in the United States, accounting for 9 percent of all alcohol abuse admissions (SAMHSA, 2006). Yet, many parents cannot afford to pay for adequate treatment for their children out of pocket. States can support the health and productivity of families by filling in the gaps left by conventional health coverage in both private and public insurance plans. Unfortunately, Idaho and Wyoming are the only states in the nation that have no requirement of private health insurance providers to cover substance abuse or mental health treatment (Center for the Study of Social Policy, 2006)

SUMMARY FINDINGS

Although almost all U.S. youth grow up in a culture permeated by drugs and alcohol, they are not uniformly at risk for alcohol consumption or its consequences. As explained above, there are numerous risk and protective factors that can be addressed. If we as citizens of Idaho are to effectively address the problem of underage drinking and drug use in Idaho, each of us must find a way to help. Interventions can be conducted on two levels: (1) environmental-level interventions, which seek to reduce opportunities for underage drinking, increase penalties for violating minimum legal drinking age and other alcohol use laws, and reduce community tolerance for alcohol use by youth; and (2) individual-level interventions, which seek to change knowledge, expectancies, attitudes, intentions, motivation, and skills so that youth are better able to resist the pro-drinking influences and opportunities that surround them.

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